

Compliance, not care; deconstructing neurochemical doctrine

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This is not an attack on neuroscience, pharmacology, or the study of the brain. Those are instruments, and an instrument is neither noble nor vile; it is only sharp, useful, and obedient in the hand that wields it. This attack is on something that has dressed itself in the authority of instruments while remaining, at its core, a moral doctrine of innocence masquerading as causal explanation. Our neurochemical imbalance myth is not primarily a claim about molecules; it is a claim about responsibility. It is an arrangement of blame. It is a technique for locating suffering where it can be managed without accusation. I will address it in its most respectable form, not in the nursery slogans that flatter the public with simplicity, because only strong doctrines deserve execution. I will not ask the puerile question, “is it true?” as though truth were a matter of polite verification balanced by citation. I will ask a deeper question; what kind of life needs this to be true, what kind of society rewards it, what kind of institutional order depends upon it, and what kind of weakness must continually reassert itself through explanations that turn the world into scenery and the person into fault?

The mature form of our neurochemical doctrine is no longer a simple slogan that reduces despair to “low serotonin,” as if a human being were a kettle that has forgotten how to boil. The mature form of the doctrine speaks in the idioms of professional reverence, network dysregulation, vulnerability, homeostatic failure, maladaptive signaling, and impaired regulation of mood and salience. It insists that no one serious believes in single-cause models. It will grant you complexity immediately, because complexity is a contemporary form of immunity. It will tell you that the brain is a web of interacting systems, symptoms emerge from distributed signals, genes confer risk, stressors precipitate episodes, and the environment modulates expression. After granting all this, it will quietly return to its true belief, that the primary causal locus of distress is inside the individual organism. The world may be harsh, yes; the world may be unjust, yes; but the disorder is in the individual. The

treatment is therefore regulation. The home of causation remains the skull, and everything else is a “trigger,” modifier, or context, but never an author.

This rhetorical evolution is not accidental; it is a survival strategy. The earlier slogan was bold enough to be threatened by reality. It could be contradicted by the ordinary fact that two lives labeled “depressed” share almost nothing except the word; it could be embarrassed by the equally ordinary fact that chemical measures are inconsistent, symptom clusters are heterogenous, and outcomes depend as much on living conditions as on receptor affinity. The modern version avoids embarrassment by avoiding commitment. It becomes abstract as soon as it becomes vulnerable. It becomes plural as soon as it becomes cornered. It has learned to speak of “pathways” and “subtypes” and “individual differences” the way a priest speaks of mysteries, not to illuminate, but to protect the altar. Its language grows complex precisely where explanatory risk should grow sharp. This is called “nuance,” and it is rewarded because it flatters the expert while disarming the skeptic. The theory matures not by becoming more truthful but by becoming harder to falsify. This is what passes in a culture that confuses sophistication with understanding. To become mature, in this sense, is to learn how to be wrong without ever being caught.

The doctrine’s seriousness lies in the fact it has achieved the status of a moral background assumption. It is no longer presented merely as one hypothesis among many; it is presented as the only responsible posture. To question it is treated as naïveté, or worse, as cruelty, because if you deny our chemical imbalance myth, you must want people to suffer, you must want to “blame” them, or you must want to withhold treatment. The doctrine wraps itself in faux compassion as a shield. It becomes, in practice, moral technology. It transforms social and existential problems into medical events and thereby converts moral and political questions into compliance and dosage. It does not need to be perfectly true to rule. It needs only to be useful to the ruling order.

The central philosophical failure that enables this is a confusion of levels; effects crown themselves causes. Neurochemistry describes conditions of expression, not origins of meaning or breakdown. It is the tuning layer through which a living system allocates attention, energy, salience, inhibition, vigilance, and persistence. It is the medium in which

a life under constraint learns how to survive. To treat this medium as the origin is like blaming the governor on an engine as the reason the road is uneven. It is like treating temperature as the author of fire. It is like treating the speedometer as the cause of a crash. One may protest that these analogies are crude; good. Crudeness is sometimes the only way to disinfect the sacred. Brain-talk has been sanctified by modernity into a kind of secular priesthood. Prosaic analogy is a hammer for iconoclasm. We should use it.

The metaphysical error is common in late modern thought, an elevation of measurable correlates into first principles. Whatever can be graphed becomes more real than what must be lived. Whatever can be measured becomes more sacred than what must be changed. Our modern mind worships instruments not because we love truth, but because instruments promise control. We do not bow to the brain because it is deep; we bow to it because it is manipulable. Our neurochemical imbalance myth is therefore not just a scientific mistake; it is the confession of a civilization that prefers what it can administer to what it must confront. It is resentment against complexity; an impatience that crowns whatever is nearest to measurement as truth, because complexity threatens to implicate the world, and a world that is implicated demands redesign, and redesign threatens the comfort of those who benefit from our present arrangement.

If you want to see the moral structure of this doctrine, listen to how it speaks about environment. The environment “contributes.” It “interacts.” It “precipitates.” It “triggers.” It is never permitted to be causal in the strong sense. The environment is weather, background, misfortune. This language is not neutral. It has a function; it prevents indictment. It keeps institutions clean. It allows the arrangement of life to remain innocent while distress is made into a personal event. A doctrine that truly honored causation would speak plainly about how certain arrangements of labor, education, governance, and social life produce predictable breakdown patterns. The chemical imbalance myth cannot say this without undermining its own jurisdiction. It therefore performs a familiar trick; it acknowledges the world in order to dismiss it. It grants “stressors” so it can retain “dysregulation.” It nods at the social so it can remain biological. It appears balanced, and in appearing balanced it remains unthreatened.

Now we arrive at the moral slogan of modern pragmatism, “but it works.” This phrase is treated as a trump card, as though efficacy were the same as explanation, as though any successful manipulation revealed the origin of what was manipulated. It is oddly childish logic, but it is the childishness of power. “I can change it; therefore, I caused it.” Consider how many absurdities this logic licenses. Alcohol reduces anxiety; therefore, anxiety is an ethanol deficiency. Anesthetic stops pain; therefore, pain is an anesthetic deficiency. A locked door reduces theft; therefore, theft is caused by insufficient locks. One can alter a state without identifying the structure that produced it. In complex systems, the ability to intervene proves only that the system has control points. The brain has many. This is not a triumph of etiology; it is a feature of regulation.

What is praised as pragmatism here is often a metaphysics of convenience in disguise. The will is reduced to tinkering. One learns where the knobs are and then mistakes those knobs for the machine’s origin. One becomes intoxicated by leverage and calls it truth. It is not that medication is useless; it is that medication’s usefulness does not justify the causal narrative built around it. A culture that cannot bear to confront its own designs prefers to believe that leverage equals origin, because leverage is what it can manipulate. The doctrine is therefore not proven by efficacy; it is protected by it. “It helps some people,” we are told, and on the basis of this true statement we are expected to accept a false conclusion that the cause lies where the help is applied.

The second moral corruption hidden inside “but it works” is the worship of sedation as salvation. Modern treatment, at its administrative center, worships calmness as a moral good. “Stability” is praised as health. “Functioning” is praised as recovery. “Compliance” is praised as insight. The ideal patient is the one who becomes less burdensome, less disruptive, and less likely to demand change from the world. This is called care. One should be careful here; I am not denying the value of reducing suffering. I am indicting the way reduction becomes a substitute for strength. The system does not aim to cultivate capacity; it aims to reduce variance. It does not aim to restore a life’s power to revise; it aims to make life predictable. This is medicine for a culture that fears excess more than decay. Better quiet despair than loud refusal. Better a dampened person than a disruptive truth.

The distinction that must be made, and that institutions hate, is the distinction between quieting symptoms and cultivating strength. Quieting can be necessary, even lifesaving. But when quieting becomes the definition of health, our culture confesses what it values. Not flourishing, but smooth operation. When “healing” is defined as reduced intensity, we reveal that intensity has been moralized as danger. However, intensity is often the form in which reality announces itself. A person who cannot tolerate their life may be accurately perceiving that their life is intolerable. To medicate them into tolerance reduces distress while increasing captivity. The question is not whether the alarm is annoying; the question is whether there is a fire. A culture that worships calmness is a culture that prefers silence to repair. It is also a culture that can be governed, because silence is governable.

A doctrine that wants to rule must also ensure it cannot be decisively challenged. Here the imbalance myth shows its genius; it cannot be refuted because it cannot risk itself. Every outcome is metabolized as confirmation. If the patient improves, the imbalance myth is confirmed. If the patient does not improve, the imbalance is in another pathway. If the patient worsens, the network is complex. If side effects occur, the dose must be adjusted. If tolerance develops, the disorder is chronic. If the patient refuses, they lack insight. The theory never wagers its life on a claim that can die. It survives by refusing combat. This is decadent knowledge; knowledge that would rather persist than be true, that would rather expand than sharpen, that would rather become a permanent institution than risk the dignity of disproof. It is the epistemology of cowardice dressed in the language of nuance.

The doctrine’s unfalsifiability is not merely a scientific inconvenience; it is a moral posture. It signals that the theory is not designed to be wrong in a way that matters. It is designed to remain administratively useful. It provides stable rationale for a stable set of practices, diagnosis, prescription, compliance monitoring, and chronic management. These practices may help some individuals; they also help institutions preserve themselves. A falsifiable theory would threaten funding when wrong. An unfalsifiable theory can never threaten funding. It can only justify more research, more categories, more treatment, and more management. It is the perfect theory for a system that cannot afford to admit its own causality.

At this point genealogy becomes unavoidable. Why does our imbalance myth persist? Because it is a convenient truth for a particular form of life. It internalizes blame. It turns structural violence inward. It moralizes suffering as a personal defect and calls this compassion because it removes overt moral condemnation. “It’s not your fault,” it says, while placing the cause entirely within you. The priest once told the sinner that their suffering was due to sin; the modern clinician tells the patient their suffering is due to chemistry. The tone is kinder; the structure is the same. In both cases, the world remains innocent. In both cases, the individual must reconcile themselves to the order of things. In both cases, the remedy is administered by an authorized class. The old priests offered confession; our new priests offer compliance. We congratulate ourselves on progress because our language is secular, but the function remains the same, the management of distress in a way that preserves the governing order.

The triumph of the doctrine is therefore the triumph of legibility. Bureaucratic reason has simple preferences. What can be classified can be managed. What can be managed can be funded. What can be funded can be expanded. The imbalance myth flattens lived complexity into symbols that can be handled as diagnoses, checklists, severity scales, and treatment algorithms. It converts a messy life into administrable data. It offers the institutional world what it always wanted, a way to relate to suffering without being transformed by it. Legibility becomes our modern replacement for truth. A legible person is a treatable person. A legible problem is a solvable problem. A person whose suffering implicates the world is illegible; therefore, their suffering is re-described until it becomes internal and manageable. This is not malicious; it is structural. The institution cannot metabolize a causal story that indicts itself. It therefore chooses stories that absolve it.

Jurisdiction follows. The doctrine secures professional sovereignty. It keeps the causal story within the domain of those authorized to prescribe and manage. It maintains boundaries of what counts as medical, what counts as social, and what counts as political. Alternative causal locations, workplaces, schools, platforms, or governance, would require interventions that exceed clinical jurisdiction. They would require redesign of incentives, enforcement regimes, and material conditions. These demands threaten existing

hierarchies and would redistribute responsibility toward those with power. The imbalance myth prevents this redistribution by declaring the person's brain the primary site of failure. Truth survives only where it does not endanger power. When truth endangers power, it becomes "radical," "unscientific," "ideological," "oversimplified," "unhelpful." The labels change, the function remains.

A necessary concession must be made. Brains matter. Drugs can alleviate suffering. Some people require medication as a condition of survival. The fact that this is true should not be used to sanctify the doctrine that has been built around it. One can concede the utility of an instrument without kneeling before its mythology. Mediation is not origin. The brain mediates experience because the brain is the organ through which life meets constraint. If the world is coercive, the brain adapts to coercion. If the world is unstable, the brain adapts to instability. If the world punishes deviation, the brain becomes vigilant. If the world rewards conformity, the brain becomes rigid. The resulting neurochemical signatures are real, measurable, and treatable. Their existence, however, does not absolve the world that demanded them. To pretend otherwise is to confuse implementation with cause.

Neurochemistry stripped of idolatry is modulation, not destiny. It is the tuning of tempo, intensity, and salience. Serotonin, dopamine, norepinephrine, and cortisol are not moral substances, fluids of fate, or hidden authors of despair. They are regulators of how a system weights signals; how strongly it feels reward, how readily it explores, how quickly it mobilizes, how long it persists, how sharply it fears. These are the parameters by which an organism negotiates its world. In hostile environments, these parameters are driven toward narrow regimes from chronic vigilance, chronic inhibition, or chronic effort without restoration. The organism survives. The costs accumulate. At the point where survival strategies become unbearable, our culture calls the strategy a disorder and demands neurochemistry answer for a world it did not design.

This brings us to the empirical objection that ends this charade, the one test this doctrine cannot survive without retreating into abstraction. If chemical imbalance were the primary cause of mental illness, large-scale shifts in social conditions should not reliably produce large-scale shifts in mental illness prevalence and phenotype. Yet they do. Depression and

anxiety rise with precarity, insecurity, social fragmentation, the collapse of communal buffers, and the saturation of life by evaluation and performance. ADHD diagnoses track educational structures that demand monotonic attention, standardized pacing, early surveillance, and punitive norms. Burnout follows organizational designs that proliferate metrics without meaning, responsibility without authority, constant visibility, and scarce autonomy. Psychosis correlates with social defeat, exclusion, urban stressors, and sustained invalidation. In all these cases, neurochemistry changes, because of course it does, but it changes after the constraint landscape changes, not before. This sequence is fatal. The world acts, the organism adapts, and our doctrine arrives afterward to declare the adaptation the cause.

Reality asserts itself with indifference to doctrine. A culture that wants to preserve its imbalance myth must therefore either deny this sequence or swallow it and reinterpret it as “stress interacting with vulnerability.” Notice what that phrase does. It converts a structural cause into a trigger and keeps the vulnerability inside the person. The institution remains innocent. The moral function remains intact. The doctrine survives by re-labeling causality as interaction. It is always the same maneuver. Admit just enough of the world to avoid looking foolish, but never enough to distribute responsibility outward.

We arrive, then, at the utility of falsehoods. The chemical imbalance myth persists because it serves life as currently organized. It allows our society to continue its arrangements while appearing compassionate. It allows institutions to offload the cost of their design onto private bodies. It allows our culture to treat distress as a defect rather than feedback. It allows a weak explanation to rule because it flatters our ruling order. It says the world is not guilty, the system is not wrong, the person is simply dysregulated. Neurochemistry matters. It simply has been asked to carry a moral burden it cannot bear. It has been recruited as a scapegoat for a civilization that refuses to examine itself.

One might, with a certain cold generosity, propose that we keep the doctrine, because many societies cannot live without their lies. But if we keep it, we should keep it honestly, as a life-preserving fiction rather than as causal truth. We should say, “this is a story that helps us administer suffering without redesigning the conditions that produce it.” It may stabilize

some individuals; it will not redeem the world. It will not restore strength where strength has been structurally punished. It will not create freedom where freedom has been removed. It will not replace the ethics of design with the comfort of dosage. To continue calling it the cause is not merely an intellectual error; it is a moral decision. It is the kind of moral decision that a decadent order makes instinctively to protect itself from its own feedback, even if that protection requires converting living people into evidence of their own defect.

References

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